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      (FILE 'HOME' ENTERED AT 11:02:36 ON 01 FEB 2007)

      FILE 'CAPLUS' ENTERED AT 11:02:45 ON 01 FEB 2007
L1           761 S (ANTIDEPRESSANT AND ANTIPSYCHOTIC) NOT (TREATMENT(W)RESISTANT
L2           409 S L1 NOT PSYCHO?
L3           268 S L2 NOT PY>2003
L4           222 S L2 NOT PY>2002
L5             1 S L4 AND (RAPID(W)ONSET)
L6             2 S L4 AND SUICID?
L7            19 S L1 AND SUICID?
L8            12 S L7 NOT PY>2003
L9           316 S L1 AND DEPRESS?
L10          130 S L9 NOT PY>2002
L11           41 S L10 AND SEROTONIN
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=> file caplus
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     0.21       0.21

FILE 'CAPLUS' ENTERED AT 11:02:45 ON 01 FEB 2007
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FILE COVERS 1907 - 1 Feb 2007  VOL 146 ISS 6
FILE LAST UPDATED: 31 Jan 2007  (20070131/ED)

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=> s (antidepressant and antipsychotic) not (treatment(w)resistant)
         20876 ANTIDEPRESSANT
          9495 ANTIPSYCHOTIC
       2233018 TREATMENT
        600387 RESISTANT
           676 TREATMENT(W)RESISTANT
L1         761 (ANTIDEPRESSANT AND ANTIPSYCHOTIC) NOT (TREATMENT(W)RESISTANT)

=> s l1 not psycho?
         42897 PSYCHO?
L2         409 L1 NOT PSYCHO?

=> s l2 not py>2003
       3800069 PY>2003
L3         268 L2 NOT PY>2003

=> d l3 1-10 ti

L3   ANSWER 1 OF 268  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Interactions of selective serotonin uptake inhibitors with antipsychotics

L3   ANSWER 2 OF 268  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Potential antidepressant activity of sigma ligands

L3   ANSWER 3 OF 268  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Regulation of cellular plasticity cascades in the pathophysiology and
     treatment of mood disorders: role of the glutamatergic system

L3   ANSWER 4 OF 268  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Therapeutic drug monitoring of 13 antidepressant and five
     neuroleptic drugs in serum with liquid chromatography-electrospray
     ionization mass spectrometry

L3   ANSWER 5 OF 268  CAPLUS  COPYRIGHT 2007 ACS on STN
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TI   Efficacy of olanzapine and olanzapine-fluoxetine combination in the
     treatment of bipolar I depression

L3   ANSWER 6 OF 268  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Corticosteroid use and risk of hip fracture: a population-based
     case-control study in Denmark

L3   ANSWER 7 OF 268  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Central nervous system agents used as Trypanosoma cruzi infection
     chemotherapy: Phenothiazines and related compounds

L3   ANSWER 8 OF 268  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Eicosapentaenoic acid in the treatment of schizophrenia and depression:
     rationale and preliminary double-blind clinical trial results

L3   ANSWER 9 OF 268  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Mood stabilizers in hospitalized children with bipolar disorder: a
     retrospective review

L3   ANSWER 10 OF 268  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Dopamine and serotonin receptor and transporter ligands


=> s l2 not py>2002
       4853307 PY>2002
L4        222 L2 NOT PY>2002

=> s l4 and (rapid(w)onset)
         542147 RAPID
         140433 ONSET
           2938 RAPID(W)ONSET
L5            1 L4 AND (RAPID(W)ONSET)

=> d l5 1i abs bib
'1I' IS NOT A VALID FORMAT FOR FILE 'CAPLUS'

The following are valid formats:

ABS --------- GI and AB
ALL --------- BIB, AB, IND, RE
APPS -------- AI, PRAI
BIB --------- AN, plus Bibliographic Data and PI table (default)
CAN --------- List of CA abstract numbers without answer numbers
CBIB -------- AN, plus Compressed Bibliographic Data
CLASS ------- IPC, NCL, ECLA, FTERM
DALL -------- ALL, delimited (end of each field identified)
DMAX -------- MAX, delimited for post-processing
FAM --------- AN, PI and PRAI in table, plus Patent Family data
FBIB -------- AN, BIB, plus Patent FAM
IND --------- Indexing data
IPC --------- International Patent Classifications
MAX --------- ALL, plus Patent FAM, RE
PATS -------- PI, SO
SAM --------- CC, SX, TI, ST, IT
SCAN -------- CC, SX, TI, ST, IT (random display, no answer numbers;
              SCAN must be entered on the same line as the DISPLAY,
              e.g., D SCAN or DISPLAY SCAN)
STD --------- BIB, CLASS

IABS -------- ABS, indented with text labels
IALL -------- ALL, indented with text labels
IBIB -------- BIB, indented with text labels
IMAX -------- MAX, indented with text labels
ISTD -------- STD, indented with text labels
```

OBIB -------- AN, plus Bibliographic Data (original)
OIBIB ------- OBIB, indented with text labels

SBIB -------- BIB, no citations
SIBIB ------- IBIB, no citations

HIT --------- Fields containing hit terms
HITIND ------ IC, ICA, ICI, NCL, CC and index field (ST and IT) containing hit terms
HITRN ------- HIT RN and its text modification
HITSTR ------ HIT RN, its text modification, its CA index name, and its structure diagram
HITSEQ ------ HIT RN, its text modification, its CA index name, its structure diagram, plus NTE and SEQ fields
FHITSTR ----- First HIT RN, its text modification, its CA index name, and its structure diagram
FHITSEQ ----- First HIT RN, its text modification, its CA index name, its structure diagram, plus NTE and SEQ fields
KWIC -------- Hit term plus 20 words on either side
OCC --------- Number of occurrence of hit term and field in which it occurs

To display a particular field or fields, enter the display field codes. For a list of the display field codes, enter HELP DFIELDS at an arrow prompt (=>). Examples of formats include: TI; TI,AU; BIB,ST; TI,IND; TI,SO. You may specify the format fields in any order and the information will be displayed in the same order as the format specification.

All of the formats (except for SAM, SCAN, HIT, HITIND, HITRN, HITSTR, FHITSTR, HITSEQ, FHITSEQ, KWIC, and OCC) may be used with DISPLAY ACC to view a specified Accession Number.
ENTER DISPLAY FORMAT (BIB):ti abs bib

L5 ANSWER 1 OF 1 CAPLUS COPYRIGHT 2007 ACS on STN
TI 1192U90 in animal tests that predict antipsychotic efficacy, anxiolysis, and extrapyramidal side effects
AB 1192U90 was developed on the assumption that antagonism of 5-HT2 receptors efficacy yields more potently than D2 receptors against pos. and neg. symptoms of schizophrenia with minimal liability for extrapyramidal side effects (EPSs), and that 5-HT1A agonism further reduces EPSs and provides anxiolytic and antidepressant activity. 1192U90 was submitted to four tests that predict antipsychotic efficacy (antagonism of apomorphine-induced climbing in mouse, antagonism of apomorphine-induced circling in rats with unilateral 6-OHDA lesions, antagonism of amphetamine-induced hyperlocomotion in rat, and inhibition of conditioned avoidance in rat), two tests of 5-HT2 function (antagonism of 5-MeODMT-induced head twitches in mouse and antagonism of 5-HTP-induced wet dog shakes in rat), and three tests that predict EPS liability (antagonism of apomorphine-induced stereotypy in mouse and rat and induction of catalepsy in mouse). ED50s (mg/kg PO) were as follows: climbing 10.1, circling 7.9, hyperlocomotion 6.6, and avoidance 5.7; head twitches 5 and wet dog shakes 4.6; stereotypy in mouse 91.1, stereotypy in rat 133.4, and catalepsy 192.4. The ratio of ED50 for stereotypy antagonism to ED50 for climbing antagonism was 9 (compared to 4, 3, and 4 for clozapine, risperidone, and haloperidol). The ratio of ED50 for catalepsy induction to ED50 for climbing antagonism was 19 (compared to 7, 2, and 17 for clozapine, risperidone, and haloperidol). 1192U90 was also submitted to three tests that predict anxiolysis: It produced only a small increase in punished lever pressing for food in rat (Geller-Seifter conflict test), which is specific for rapid-onset efficacy, but produced large increases in punished key pecking for food in pigeon and cork gnawing in rat, which identify the delayed onset 5-HT1A agonists such as buspirone. The results suggest that 1192U90 would be

effective for pos. and neg. symptoms of schizophrenia, with minimal liability for EPSs, and may also have anxiolytic properties.
AN 1996:562658 CAPLUS <<LOGINID::20070201>>
DN 125:238347
TI 1192U90 in animal tests that predict antipsychotic efficacy, anxiolysis, and extrapyramidal side effects
AU Rigdon, Greg C.; Norman, Mark H.; Cooper, Barrett R.; Howard, James L.; Boncek, Virginia M.; Faison, Walter L.; Nanry, Kevin P.; Pollard, Gerald T.
CS Pharmacology and Molecular Therapeutics Division, Glaxo Wellcome, Inc., Research Triangle Park, NC, USA
SO Neuropsychopharmacology (1996), 15(3), 231-242
CODEN: NEROEW; ISSN: 0893-133X
PB Elsevier
DT Journal
LA English

=> s l4 and suicid?
7254 SUICID?
L6 2 L4 AND SUICID?

=> d l6 1-2 ti abs bib

L6 ANSWER 1 OF 2 CAPLUS COPYRIGHT 2007 ACS on STN
TI Treatment of suicidality in schizophrenia
AB A review with 48 refs. Between 4 and 13% of people with schizophrenia commit suicide and between 25 and 50% make a suicide attempt, a reflection of the devastating toll this syndrome takes on the quality of life, i.e., the subjective and objective sense of well-being. Many risk factors for suicide in schizophrenia have been identified, the most important of which are previous suicide attempts, depression, hopelessness, substance abuse, and male gender. Insight into having a serious mental illness and less severe cognitive impairment are also associated with increased risk for suicide in schizophrenia, most likely when accompanied by feelings of hopelessness. Typical neuroleptic drugs have not been shown to reduce the risk of suicide. However, several types of evidence suggest that clozapine, an atypical antipsychotic drug, appreciably reduces the suicide attempt and completion rates in schizophrenia and schizo-affective disorder, perhaps by as much as 75-85%. Other atypical antipsychotic drugs may have a similar effect, but direct evidence is lacking. Improvement in pos. and neg. symptoms, reduced extrapyramidal side effects (EPS), a direct antidepressant action, improved cognitive function, and improved compliance may contribute to reduced suicidality. The International Suicide Prevention Trial (InterSePT) is a large prospective, randomized study intended to compare the effectiveness of clozapine with that of olanzapine in reducing suicide and suicide-related events in schizophrenic and schizoaffective patients. Some information about suicidality in the patient sample is reported here.
AN 2001:480353 CAPLUS <<LOGINID::20070201>>
DN 135:266558
TI Treatment of suicidality in schizophrenia
AU Meltzer, Herbert Y.
CS Division of Psychopharmacology, Vanderbilt University School of Medicine, Nashville, TN, 37212, USA
SO Annals of the New York Academy of Sciences (2001), 932(Clinical Science of Suicide Prevention), 44-60
CODEN: ANYAA9; ISSN: 0077-8923
PB New York Academy of Sciences
DT Journal; General Review
LA English
RE.CNT 48 THERE ARE 48 CITED REFERENCES AVAILABLE FOR THIS RECORD

ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 2 OF 2 CAPLUS COPYRIGHT 2007 ACS on STN
TI Fatal poisonings and their forensic toxicological investigation
AB A review and discussion with 7 refs. In Finland, postmortem forensic toxicol. has been centralized at the Department of Forensic Medicine, University of Helsinki. The Dept. receives samples from .apprx.4500 medical examiner's cases annually. The routine samples include blood, urine, liver, stomach contents, and vitreous humor. Hair sample has been found useful in the investigation of drug abuse history of the deceased. There were .apprx.1000 fatal poisonings in 1991 and the same number in 1992, mostly due to alc., drugs, and carbon monoxide. The high number of alc. poisonings is a Finnish specialty. Although most were due to normal EtOH, several deaths were caused by ethylene glycol or iso-Pr alc., which are available at gasoline stations. Antidepressant and antipsychotic drugs were the most important drug groups in poisonings, but among individual drugs the analgesic dextropropoxyphene was the most frequent cause of death. Drugs of abuse were more common findings than earlier, and these drugs were increasingly found in the victims of homicide and traffic accidents. However, the drug of abuse situation continues to be better in Finland than in the other Nordic countries. Carbon monoxide poisonings are mainly suicides of males using car exhaust. The chemical anal. of drugs and poisons relies on chromatog. and spectrometry and the coupling of these 2 techniques. Where possible, 2 different specimens and 2 anal. methods are used in the screening procedures. Alc. and some other volatiles are determined in blood, urine, and vitreous humor by headspace gas chromatog., with the use of 2 instruments and 2 sep. methods. The drug screening comprises liver anal. by instrumental TLC, blood anal. by dual column capillary gas chromatog., and urine screening by immunoassay. As the background information obtained for the postmortem cases is often insufficient or misleading, the disclosure of poisoning can only be based on a broad-scale chemical investigation.
AN 1995:459269 CAPLUS <<LOGINID::20070201>>
DN 122:258034
TI Fatal poisonings and their forensic toxicological investigation
AU Vuori, Erkki; Ojanpera, Ilkka
CS Oikeuslaaketieteen Laitos, Helsingin Yliopisto, Helsinki, Finland
SO Kemia - Kemi (1994), 21(4), 302-6
CODEN: KMKMAA; ISSN: 0355-1628
PB Kemian Kustannus Oy
DT Journal; General Review
LA Finnish

=> s l1 and suicid?
7254 SUICID?
L7 19 L1 AND SUICID?

=> s l7 not py>2003
3800069 PY>2003
L8 12 L7 NOT PY>2003

=> d l8 1-12 ti

L8 ANSWER 1 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN
TI Long-term therapy with lithium in a private practice clinic: a naturalistic study

L8 ANSWER 2 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN
TI Suicide risk in bipolar disorder during treatment with lithium and divalproex

L8 ANSWER 3 OF 12 CAPLUS COPYRIGHT 2007 ACS on STN
TI Suicidal behaviour in bipolar disorder: Risk and prevention

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L8   ANSWER 4 OF 12  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Bipolar depression: Management options

L8   ANSWER 5 OF 12  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Putting metabolic side effects into perspective: Risks versus benefits of
     atypical antipsychotics

L8   ANSWER 6 OF 12  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Psychopharmacologic strategies for the prevention of suicidal
     behavior in bipolar patients

L8   ANSWER 7 OF 12  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Severe depression: is there a best approach?

L8   ANSWER 8 OF 12  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Treatment of suicidality in schizophrenia

L8   ANSWER 9 OF 12  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   5-HT in prefrontal cortex: a new target of psychotolytic drugs

L8   ANSWER 10 OF 12  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Pharmacotherapy for personality disorders

L8   ANSWER 11 OF 12  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Atypical antipsychotics for treatment of depression in schizophrenia and
     affective disorders

L8   ANSWER 12 OF 12  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Fatal poisonings and their forensic toxicological investigation


=> s l1 and depress?
        184591 DEPRESS?
L9          316 L1 AND DEPRESS?

=> s l9 not py>2002
       4853307 PY>2002
L10         130 L9 NOT PY>2002

=> s l10 and serotonin
         70816 SEROTONIN
L11         41 L10 AND SEROTONIN

=> d l11 1-41 ti

L11  ANSWER 1 OF 41  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   An open study of olanzapine and fluoxetine for psychotic major
     depressive disorder: Interim analyses

L11  ANSWER 2 OF 41  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   The role of in vivo molecular imaging with PET and SPECT in the
     elucidation of psychiatric drug action and new drug development

L11  ANSWER 3 OF 41  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   New Pyridobenzodiazepine Derivatives: Modifications of the Basic Side
     Chain Differentially Modulate Binding to Dopamine (D4.2, D2L) and
     Serotonin (5-HT2A) Receptors

L11  ANSWER 4 OF 41  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   An open pilot study combining risperidone and a selective
     serotonin reuptake inhibitor as initial antidepressant
     therapy
```

L11 ANSWER 5 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Pharmacology of flibanserin

L11 ANSWER 6 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Serotonin reuptake inhibition: An update on current research strategies

L11 ANSWER 7 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Preparation of dihydroimidazo[2,1-b]thiazoles and dihydro-5H-thiazolo[3,2-a]pyrimidines with 5-HT receptor affinity

L11 ANSWER 8 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Fluvoxamine as an adjunctive agent in schizophrenia

L11 ANSWER 9 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Arylpiperazine ligands of serotonin (5-HT)1A/5-HT2A receptors

L11 ANSWER 10 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Severe depression: is there a best approach?

L11 ANSWER 11 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Tolerability of combined treatment with lithium and paroxetine in patients with bipolar disorder and depression

L11 ANSWER 12 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Pharmacotherapy of depression: a historical analysis

L11 ANSWER 13 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Algorithm for the treatment of chronic depression

L11 ANSWER 14 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI 5-HT in prefrontal cortex: a new target of psychotolytic drugs

L11 ANSWER 15 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Assessing the comparative effectiveness of antidepressant therapies: a prospective clinical practice study

L11 ANSWER 16 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Methods and compositions for the treatment of neuroleptic and related disorders using sertindole derivatives

L11 ANSWER 17 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Nefazodone in the adjunctive therapy of schizophrenia: An open-label exploratory study

L11 ANSWER 18 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI A novel approach to the identification of psychiatric drugs: serotonin-glutamate interactions in the prefrontal cortex

L11 ANSWER 19 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Somatic treatment of psychotic depression: Review and recommendations for practice

L11 ANSWER 20 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Reciprocal autoreceptor and heteroreceptor control of serotonergic, dopaminergic and noradrenergic transmission in the frontal cortex: Relevance to the actions of antidepressant agents

L11 ANSWER 21 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Effects of the CRF1 receptor antagonist, CP 154,526, in the separation-induced vocalization anxiolytic test in rat pups

L11 ANSWER 22 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Preparation of oxazoles as serotonin-1A receptor agonists

L11 ANSWER 23 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Physiological antagonism between 5-hydroxytryptamine2a and group II metabotropic glutamate receptors in prefrontal cortex

L11 ANSWER 24 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Efficacy of SSRIs and newer antidepressants in severe depression : comparison with TCAs

L11 ANSWER 25 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Mirtazapine: A review of its use in major depression

L11 ANSWER 26 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Adverse reactions of selective serotonin reuptake inhibitors: reports from a spontaneous reporting system

L11 ANSWER 27 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Co-administration of sertraline and haloperidol

L11 ANSWER 28 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI The serotonin paradox: Negative symptoms and SSRI augmentation

L11 ANSWER 29 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Bupropion treatment in veterans with posttraumatic stress disorder: an open study

L11 ANSWER 30 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI A double-blind, controlled comparison of the novel antipsychotic olanzapine versus haloperidol or placebo on anxious and depressive symptoms accompanying schizophrenia

L11 ANSWER 31 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Augmentation with fluvoxamine but not maprotiline improves negative symptoms in treated schizophrenia: evidence for a specific serotonergic effect from a double-blind study

L11 ANSWER 32 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Preparation of indolealkyl derivatives of benzodioxanmethylamine as antidepressants and antipsychotic agents

L11 ANSWER 33 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Psychotic depression: a guide to drug choice

L11 ANSWER 34 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Selective serotonin reuptake inhibitors and CNS drug interactions. A critical review of the evidence

L11 ANSWER 35 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Olanzapine: interaction study with imipramine

L11 ANSWER 36 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Antidepressants in the elderly

L11 ANSWER 37 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Ziprasidone

L11 ANSWER 38 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Rational polypharmacy in the bipolar affective disorders

L11 ANSWER 39 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Preparation of heteroaryloxy alkanamines having effects on serotonin-related systems

L11 ANSWER 40 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI Pyrazolo[4,3-c]pyridine serotonin reuptake inhibitors

L11 ANSWER 41 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI The effect of a novel psychotropic agent, trebenzomine, on brain and platelet uptake systems

=> d l11 2 4 6 10 12 13 24 25 26 37 40 41 ti abs bib

L11 ANSWER 2 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI The role of in vivo molecular imaging with PET and SPECT in the elucidation of psychiatric drug action and new drug development
AB A review. This paper reviews the contribution of human PET and SPECT neuroreceptor occupancy studies to the understanding of drug action in psychiatric illness, and how they can aid the development of new drugs. All effective antipsychotics show significant D2 receptor occupancy. However, at least for atypical antipsychotics, there is no clear relationship between occupancy and clin. response. The mechanisms underlying antipsychotic efficacy, and the minimal effective D2 occupancy, remain to be elucidated, particularly for drugs with modest or transient occupancy. The low liability of some atypical antipsychotics for extrapyramidal side effects does not appear to be explained by their 5-HT2A antagonism, and the muscarinic receptor occupancy of some drugs may be partly explanatory. Previous reports of apparent limbic selectivity' of atypical antipsychotics may be in error, and may be due to tech. differences in radiotracers. For SSRIs, high occupancies at the serotonin transporter (SERT) are achieved at therapeutic doses, although the min. SERT occupancy required for therapeutic response remains undefined. Previous attempts to augment the antidepressant effect of SSRIs by pindolol have generally used daily doses which result in inadequate 5-HT1A receptor occupancy. For benzodiazepines, clin. doses would appear to leave a wide margin of unoccupied receptors. For methylphenidate and cocaine, typical doses occupy more than 50% of dopamine transporters, and their profiles are extremely similar. In therapeutic drug development, these techniques may be used to assess receptor occupancy profiles, likely drug dosages and dosing intervals which cannot be reliably assessed in humans by other methods.
AN 2002:913727 CAPLUS <<LOGINID::20070201>>
DN 138:395187
TI The role of in vivo molecular imaging with PET and SPECT in the elucidation of psychiatric drug action and new drug development
AU Talbot, Peter S.; Laruelle, Marc
CS New York State Psychiatric Institute, Departments of Psychiatry and Radiology, Columbia University College of Physicians and Surgeons, New York, NY, USA
SO European Neuropsychopharmacology (2002), 12(6), 503-511
CODEN: EURNE8; ISSN: 0924-977X
PB Elsevier Science B.V.
DT Journal; General Review
LA English
RE.CNT 78 THERE ARE 78 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 4 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI An open pilot study combining risperidone and a selective serotonin reuptake inhibitor as initial antidepressant therapy
AB Background: Atypical antipsychotics such as risperidone or olanzapine have been reported to be effective when added to a selective serotonin reuptake inhibitor (SSRI) in cases of depression in which treatment with an SSRI alone is not effective. It is possible that the combination of an SSRI and an atypical antipsychotic may be efficacious as an initial treatment for major depression. Method: Thirty-six subjects who fulfilled DSM-IV diagnostic criteria for

major depressive disorder were given fluvoxamine, 50 or 75 mg/day, with risperidone, 0.5 or 1 mg/day, at the start of treatment. The dose of fluvoxamine was increased to 100 or 150 mg/day on the fourth day of the treatment and maintained thereafter. Hamilton Rating Scale for Depression (HAM-D) scores were obtained at baseline and every week for 6 wk. Remission and response were defined, resp., as ≥ 75% and 50%-74% reduction from baseline in HAM-D score. Results: Of 30 subjects who completed the 6-wk study, 23 (76%) achieved remission, 5 (17%) achieved response, and 2 (7%) were nonresponsive. Of the 6 patients who did not complete the study, 3 showed remission, 1 showed response, and 2 showed minimal or no response by the time of dropout. The reported adverse effects were mild, and none of the 36 subjects enrolled in the study manifested or reported extrapyramidal symptoms, nausea, or vomiting. Conclusion: The results suggest that the combination of risperidone and fluvoxamine from the beginning of antidepressant therapy enhances the therapeutic response rate in depression.

AN 2002:708135 CAPLUS <<LOGINID::20070201>>
DN 137:242083
TI An open pilot study combining risperidone and a selective serotonin reuptake inhibitor as initial antidepressant therapy
AU Hirose, Shigehiro; Ashby, Charles R., Jr.
CS Center of Psychiatry and Neurology, Fukui Prefectural Hospital, Fukui, 910-0846, Japan
SO Journal of Clinical Psychiatry (2002), 63(8), 733-736
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal
LA English
RE.CNT 35 THERE ARE 35 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 6 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Serotonin reuptake inhibition: An update on current research strategies
AB A review. Selective Serotonin reuptake inhibitors (SSRIs) have contributed to the major advances in the treatment of depression and other psychiatric diseases. This review is on the current knowledge concerning the SSRI class of drugs and discusses the importance of secondary pharmacol. in the mechanism of action and effectiveness of these drugs. Particular attention is given to the emerging importance of the SSRI "plus" approach: where the serotonin reuptake receptor inhibition of a drug is supplemented by one or more other receptor interactions either by the same drug or by a combination therapy. This area of research has shed light on the pharmacol. mechanisms of SSRI therapy and has the therapeutic usefulness of serotonin reuptake inhibition, especially in the area of depression. There are many new emerging SSRI "plus" drugs, which address the pharmacol. and pharmacokinetic issues of current therapies and these, are discussed in detail.

AN 2002:335884 CAPLUS <<LOGINID::20070201>>
DN 137:288312
TI Serotonin reuptake inhibition: An update on current research strategies
AU Spinks, D.; Spinks, G.
CS Department of Medicinal Chemistry, Organon Laboratories Ltd., Lanarkshire, ML1 5SH, UK
SO Current Medicinal Chemistry (2002), 9(8), 799-810
CODEN: CMCHE7; ISSN: 0929-8673
PB Bentham Science Publishers
DT Journal; General Review
LA English
RE.CNT 120 THERE ARE 120 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 10 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Severe depression: is there a best approach?
AB A review. A major depressive episode can be categorized as severe based on depressive symptoms, scores on depression rating scales, the need for hospitalization, depressive subtypes, functional capacity, level of suicidality and the impact that the depression has on the patient. Several biol., psychol. and social factors, and the presence of comorbid psychiatric or medical illnesses, impact on depression severity. A number of factors are reported to influence outcome in severe depression, including duration of illness before treatment, severity of the index episode, treatment modality used, and dosage and duration of and compliance with treatment. Potential complications of untreated severe depression include suicide, self-mutilation and refusal to eat, and treatment resistance. Several antidepressants have been studied in the treatment of severe depression. These include tricyclic antidepressants (TCAs), selective serotonin reuptake inhibitors (SSRIs), serotonin-noradrenaline (norepinephrine) reuptake inhibitors, noradrenergic and specific serotonergic antidepressants, serotonin 5-HT2 receptor antagonists, monoamine oxidase inhibitors, and amfebutamone (bupropion). More recently, atypical antipsychotics have shown some utility in the management of severe and resistant depression. Data on the differential efficacy of TCAs vs. SSRIs and the newer antidepressants in severe depression are mixed. Some studies have reported that TCAs are more efficacious than SSRIs; however, more recent studies have shown that TCAs and SSRIs have equivalent efficacy. There are reports that some of the newer antidepressants may be more effective than SSRIs in the treatment of severe depression, although the sample sizes in some of these studies were small. Combination therapy has been reported to be effective. The use of an SSRI-TCA combination, while somewhat controversial, may rapidly reduce depressive symptoms in some patients with severe depression. The combination of an antidepressant and an antipsychotic drug is promising and may be considered for severe depression with psychotic features. Although the role of cognitive behavior therapy (CBT) in severe depression has not been adequately studied, a trial of CBT may be considered in severely depressed patients whose symptoms respond poorly to an adequate antidepressant trial, who are intolerant of antidepressants, have contraindications to pharmacotherapy, and who refuse medication or other somatic therapy. A combination of CBT and antidepressants may also be beneficial in some patients. Electroconvulsive therapy (ECT) may be indicated in severe psychotic depression, severe melancholic depression, resistant depression, and in patients intolerant of antidepressant medications and those with medical illnesses which contraindicate the use of antidepressants (e.g. renal, cardiac or hepatic disease).
AN 2001:908128 CAPLUS <<LOGINID::20070201>>
DN 136:193477
TI Severe depression: is there a best approach?
AU Sonawalla, Shamsah B.; Fava, Maurizio
CS Depression Clinical and Research Program, Harvard Medical School, Massachusetts General Hospital, Boston, MA, USA
SO CNS Drugs (2001), 15(10), 765-776
CODEN: CNDREF; ISSN: 1172-7047
PB Adis International Ltd.
DT Journal; General Review
LA English
RE.CNT 105 THERE ARE 105 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 12 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Pharmacotherapy of depression: a historical analysis

AB A review with refs. Iproniazid and imipramine, the prototypes of monoamine oxidase inhibitor (MAOI) and monoamine (re)uptake inhibitor (MAUI) antidepressants, were introduced in 1957. The relationship between iproniazid's antidepressant effect and its MAO inhibiting property was tenuous. Because of the potential drug-drug interactions and the need for dietary restrictions, the use of MAOIs became restricted to atypical depression. The confounding of reserpine reversal with antidepressant effect led to the theory that MAU inhibition is responsible for imipramine's antidepressant effect. Driven by neuropharmacol. theory, non-selective reuptake inhibitors were replaced first by selective norepinephrine reuptake inhibitors, then by selective serotonin reuptake inhibitors, and more recently, by a series of new antidepressants to relieve the stimulation of serotonin -5HT2A receptors and the compensatory decline of dopamine in the brain. Each antidepressant has its own identity, but meta-analyses indicate a widening of the antidepressant response range from 65-70% to 45-79%, and a lowering of the antidepressant threshold from 65% to 45%. Although one can no longer expect that 2 of 3 depressed patients will respond to treatment, the newer antidepressants are better tolerated, because they produce less anticholinergic side effects.
AN 2001:596752 CAPLUS <<LOGINID::20070201>>
DN 135:352174
TI Pharmacotherapy of depression: a historical analysis
AU Ban, T. A.
CS Vanderbilt University, Nashville, TN, USA
SO Journal of Neural Transmission (2001), 108(6), 707-716
CODEN: JNTRF3; ISSN: 1435-1463
PB Springer-Verlag Wien
DT Journal; General Review
LA English
RE.CNT 60 THERE ARE 60 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 13 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Algorithm for the treatment of chronic depression
AB A review with 41 refs. Chronic depression, which is marked by a course of illness lasting 2 yr or more, encompasses 4 subtypes of depressive illness: (1) chronic major depressive disorder, (2) dysthymic disorder, (3) dysthymic disorder with major depressive disorder ("double depression"), and (4) major depressive disorder with poor interepisodic recovery (i.e., in incomplete remission). In the 1990s, chronic depression had a reported prevalence rate of 3% to 5% and accounted for 30% to 35% of all cases of depression in the United States. The authors present an algorithm modified from the Texas Medication Algorithm Project for patients with chronic depression. This treatment algorithm recommends a progression of steps or stages in treating chronic depression. The first stage is monotherapy with the selective serotonin reuptake inhibitors, nefazodone, bupropion sustained release, venlafaxine extended release, mirtazapine, or psychotherapy. Later options include combination therapy, electroconvulsive therapy, atypical antipsychotics, and novel treatments. Utilization of a comprehensive treatment algorithm for chronic major depression should encourage efficient, efficacious treatment.
AN 2001:311359 CAPLUS <<LOGINID::20070201>>
DN 135:220442
TI Algorithm for the treatment of chronic depression
AU Trivedi, Madhukar H.; Kleiber, Beverly A.
CS Depression and Anxiety Disorders Program, Southwestern Medical Center at Dallas, The University of Texas, Dallas, TX, 75390-9101, USA
SO Journal of Clinical Psychiatry (2001), 62(Suppl. 6), 22-29
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.

DT Journal; General Review
LA English
RE.CNT 41 THERE ARE 41 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 24 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Efficacy of SSRIs and newer antidepressants in severe depression : comparison with TCAs
AB A review with 58 refs. The significant morbidity and mortality associated with severe depression and its psychotic or melancholic subtypes necessitate effective and well-tolerated therapy. This review evaluates antidepressant treatments for patients with severe depression. Comparative clin. trials conducted on patients with severe depression were found by an English-language MEDLINE search (1985 to present). Addnl. studies were identified in article bibliogs. Search terms included depressive disorders, depression and severe, hospitalized, melancholic or melancholia, psychotic, and endogenous. Evidence for efficacy of SSRIs in severe or melancholic depression comes from a small but growing number of controlled studies with adequate samples, as well as meta-analyses and retrospective subgroup anal. of premarketing trials. In studies that defined response as a 50% or greater reduction in Hamilton Rating Scale for Depression (HAM-D) scores, response rates ranged from 53% to 64% for SSRIs and 43% to 70% for TCAs. In sep. trials on severe depression, venlafaxine and mirtazapine were both more effective than placebo and an active comparator. Nefazodone and bupropion were each found to be more effective than placebo in studies of severe depression. Venlafaxine and mirtazapine have been found to be more effective than fluoxetine. SSRIs and TCAs are comparably effective for the treatment of severe or melancholic depression. SSRIs and other newer agents appear to be better tolerated than TCAs, specifically lacking adverse anticholinergic and cardiovascular effects that may limit the use of TCAs. Emerging data with venlafaxine and mirtazapine in severely depressed patients with or without melancholia support the efficacy of these treatments. Nefazodone and bupropion were found to be effective in hospitalized depressed patients. Electroconvulsive therapy (ECT) or combined antidepressant therapy may be useful in some patients with severe depression. Patients with severe psychotic depression may respond better to an antipsychotic-antidepressant combination.
AN 1999:402615 CAPLUS <<LOGINID::20070201>>
DN 131:82427
TI Efficacy of SSRIs and newer antidepressants in severe depression : comparison with TCAs
AU Hirschfeld, Robert M. A.
CS Department of Psychiatry and Behavioral Sciences, The University of Texas-Medical Branch, Galveston, TX, 77555, USA
SO Journal of Clinical Psychiatry (1999), 60(5), 326-335
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal; General Review
LA English
RE.CNT 58 THERE ARE 58 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 25 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Mirtazapine: A review of its use in major depression
AB A review with 107 refs. Mirtazapine is a noradrenergic and specific serotonergic antidepressant which has been evaluated predominantly in the treatment of major depression. The drug had efficacy equivalent to that of tricyclic antidepressants and it was at least as effective as trazodone in the majority of available short-term trials in patients with moderate or severe depression, including

those with basal anxiety symptoms or sleep disturbance and the elderly. A continuation study also showed that sustained remission rates were higher with mirtazapine than with amitriptyline and that the drugs had similar efficacy for the prevention of relapse. There is some evidence for a faster onset of action with mirtazapine than with the selective serotonin reuptake inhibitors (SSRIs). Mirtazapine was more effective than the SSRI fluoxetine after 3 and 4 wk of therapy and it was also more effective than paroxetine and citalopram after 1 and 2 wk, resp., in short-term assessments (6 or 8 wk). Preliminary data suggest that the drug may be effective as an augmentation or combination therapy in patients with refractory depression. Anticholinergic events and other events, including tremor and dyspepsia, are less common with mirtazapine than with tricyclic antidepressants. There was a greater tendency for SSRI-related adverse events with fluoxetine than with mirtazapine, but, overall, mirtazapine had a tolerability profile similar to that of the SSRIs. Increased appetite and body-weight gain appear to be the only events that are reported more often with mirtazapine than with comparator antidepressants. In vitro and in vivo data have suggested that mirtazapine is unlikely to affect the metabolism of drugs metabolized by cytochrome P 450 (CYP) 2D6, although few formal drug-interaction data are available. Conclusions: Mirtazapine is effective and well tolerated for the treatment of patients with moderate to severe major depression . Further research is required to define the comparative efficacy of mirtazapine in specific patient groups, including the elderly and those with severe depression. Clarification of its efficacy as an augmentation therapy and in patients with refractory depression and its role in improving the efficacy and reducing the extrapyramidal effects of antipsychotic drugs would also help to establish its clin. value. The low potential for interaction with drugs that are metabolized by CYP2D6, including antipsychotics, tricyclic antidepressants and some SSRIs, may also make mirtazapine an important option for the treatment of major depression in patients who require polytherapy. Mirtazapine also appears to be useful in patients with depression who have anxiety symptoms and sleep disturbance.

AN 1999:307238 CAPLUS <<LOGINID::20070201>>
DN 130:332190
TI Mirtazapine: A review of its use in major depression
AU Holm, Kristin J.; Markham, Anthony
CS Adis International Limited, Auckland, N. Z.
SO Drugs (1999), 57(4), 607-631
CODEN: DRUGAY; ISSN: 0012-6667
PB Adis International Ltd.
DT Journal; General Review
LA English
RE.CNT 107 THERE ARE 107 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 26 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Adverse reactions of selective serotonin reuptake inhibitors: reports from a spontaneous reporting system
AB The selective serotonin (5-hydroxytryptamine; 5-HT) reuptake inhibitors (SSRIs) are extensively used in the treatment of depression, panic disorder and obsessive-compulsive disorder, and are now being evaluated in the treatment of a number of other psychiatric disorders. The aim of this study was to investigate the pattern of adverse reactions reported on SSRIs in Sweden and assess possible risk factors associated with the occurrence of adverse reactions to these agents. A survey was made of 1202 reports describing 1861 adverse reactions to SSRIs submitted to the Swedish Adverse Drug Reactions Advisory Committee. The most often reported adverse reactions were neurol. symptoms (22.4%), psychiatric symptoms (19.5%) and gastrointestinal symptoms (18.0%); however, dermatol. symptoms (11.4%) and general symptoms (9.8%) were also frequent. Compared with other drugs, gastrointestinal symptoms were more often reported for fluvoxamine, psychiatric symptoms were more often

reported for sertraline and dermatol. symptoms were more often reported for fluoxetine. In total, the diagnoses most frequently reported were nausea (n = 139), rash (n = 90), anxiety (n = 84), paraesthesias (n = 69), headache (n = 63) and diarrhea (n = 63). Parkinsonism, confusion, hallucinations, euphoria, hyponatreamia, bradycardia and hypotension were more often reported in the elderly, whereas urticaria, akathisia, and haematol., endocrinol., sexual and some visual reactions were more often reported in individuals who were younger than average Dermatol. reactions, fatigue, hyponatremia and cough were more common in women, whereas dyskinesias/akathisia and aggression more often were seen in men. The median SSRI dosages were above average in patients experiencing seizures, hypomania/mania, personality changes, malaise, bodyweight gain, gynaecomastia and hyperprolactinemia/galactorrhoea. Severe symptoms, such as seizures, hyponatremia and the serotonin syndrome, were rarely reported. Although the design of the study makes it difficult to draw conclusions about causality, a variety of adverse reactions were reported. Therefore, the awareness that a particular symptom in a patient treated with an SSRI might be an adverse reaction should be high.

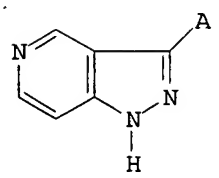
AN 1999:218705 CAPLUS <<LOGINID::20070201>>
DN 130:291493
TI Adverse reactions of selective serotonin reuptake inhibitors: reports from a spontaneous reporting system
AU Spigset, Olav
CS Adverse Drug Reactions Monitoring Center, Division of Clinical Pharmacology, Norrland University Hospital, Umea, Swed.
SO Drug Safety (1999), 20(3), 277-287
CODEN: DRSAEA; ISSN: 0114-5916
PB Adis International Ltd.
DT Journal
LA English
RE.CNT 20 THERE ARE 20 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11 ANSWER 37 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI Ziprasidone
AB A review with 24 refs. Ziprasidone is a novel antipsychotic drug. It has high affinity for serotonin 5-HT2 and dopamine D2 receptors in vitro, with an 11-fold higher affinity for 5-HT2 than for D2 receptors, suggestive of a low potential for inducing motor disturbance [including extrapyramidal symptoms (EPS)]. The effects of ziprasidone in receptor binding studies reflected its in vitro pharmacol., with more potent effects against 5-HT2 receptor-than against D2 receptor-mediated behavior. Because ziprasidone inhibits serotonin (5-hydroxytryptamine; 5-HT) and noradrenaline (norepinephrine) reuptake, it may have anxiolytic and antidepressant effects. Data from phase II and III clin. trials have shown ziprasidone to be effective in reducing the pos. and neg. symptoms of, and depression associated with, schizophrenia, and in reducing anxiety in patients about to undergo dental surgery. Ziprasidone was generally well tolerated in phase II and III clin. trials, with somnolence and nausea being the most frequently reported adverse events in placebo-controlled studies. Motor disturbances, including EPS, were infrequently observed

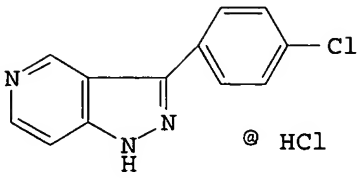
AN 1997:593623 CAPLUS <<LOGINID::20070201>>
DN 127:242699
TI Ziprasidone
AU Davis, Rick; Markham, Anthony
CS Adis International Limited, Auckland, N. Z.
SO CNS Drugs (1997), 8(2), 153-159
CODEN: CNDREF; ISSN: 1172-7047
PB Adis
DT Journal; General Review
LA English

L11 ANSWER 40 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN

TI Pyrazolo[4,3-c]pyridine serotonin reuptake inhibitors
GI



I



II

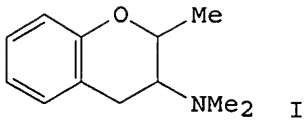
AB The title compds. I [A = (un)substituted Ph, pyridyl], useful as a serotonin reuptake inhibitors which may be useful for the treatment of depression (no data), obsessive-compulsive disorders (no data), stuttering (no data), and trichotillomania (no data). Thus, 4-chloropyridine was reacted with iso-Pr2NLi in THF, 4-ClC6H4CHO added, the alc. intermediate oxidized to the corresponding ketone, the ketone cyclocondensed with hydrazine hydrate, and the free base salified with an ethereal HCl solution, producing pyrazolopyridine II, m.p. 265° (decomposition).
AN 1994:217669 CAPLUS <<LOGINID::20070201>>
DN 120:217669
TI Pyrazolo[4,3-c]pyridine serotonin reuptake inhibitors
IN Shutske, Gregory M.; Kapples, Kevin J.; Tomer, John D., IV
PA Hoechst-Roussel Pharmaceuticals Inc., USA
SO U.S., 12 pp.
CODEN: USXXAM
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 5264576	A	19931123	US 1992-964690	19921022
	US 5296491	A	19940322	US 1993-106953	19930817
	EP 594001	A1	19940427	EP 1993-116317	19931008
	EP 594001	B1	20000816		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LI, LU, NL, PT, SE				
	AT 195522	T	20000915	AT 1993-116317	19931008
	PT 594001	T	20010131	PT 1993-116317	19931008
	ES 2152237	T3	20010201	ES 1993-116317	19931008
	FI 9304621	A	19940423	FI 1993-4621	19931020
	FI 103890	B	19991015		
	FI 103890	B1	19991015		
	CA 2108941	A1	19940423	CA 1993-2108941	19931021
	NO 9303784	A	19940425	NO 1993-3784	19931021
	AU 9349128	A	19940505	AU 1993-49128	19931021
	AU 671305	B2	19960822		
	JP 06192257	A	19940712	JP 1993-265158	19931022
	CN 1099033	A	19950222	CN 1993-120396	19931022
	CN 1049658	B	20000223		
	US 5380847	A	19950110	US 1994-181147	19940112
	US 5428169	A	19950627	US 1994-306294	19940915
	GR 3034819	T3	20010228	GR 2000-402506	20001110
PRAI	US 1992-964690	A3	19921022		
	US 1993-106953	A3	19930817		
	US 1994-181147	A3	19940112		

OS MARPAT 120:217669

L11 ANSWER 41 OF 41 CAPLUS COPYRIGHT 2007 ACS on STN
TI The effect of a novel psychotropic agent, trebenzomine, on brain and platelet uptake systems

GI



I

AB trebenzomine (I) [23915-73-3], a new psychoactive agent with possible antidepressant and antipsychotic activity in man, was a potent inhibitor of serotonin [50-67-9] uptake in rat brain synaptosomes as well as in isolated human platelets obtained after a 2-3 wk treatment regimen. The potency of trebenzomine in inhibiting norepinephrine [51-41-2] and dopamine [51-61-6] uptake in rat brain synaptosomes was 1 and 3 orders of magnitude less than that for serotonin, resp. These properties of the compound may contribute to its pharmacol. properties in man.

AN 1982:174314 CAPLUS <<LOGINID::20070201>>
DN 96:174314
TI The effect of a novel psychotropic agent, trebenzomine, on brain and platelet uptake systems
AU Friedman, E.; Hallock, M.; Rotrosen, J.; Dallob, A.
CS Sch. Med., New York Univ., New York, NY, 10016, USA
SO Research Communications in Psychology, Psychiatry and Behavior (1981), 6(4), 289-94
CODEN: RCPBDC; ISSN: 0362-2428
DT Journal
LA English